DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No. ARTCP012

As a below-named inventor, I hereby declare that:

(check one)

1.

My residence, post office address and citizenship are as stated below next to my name.

is attached hereto.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR ELIMINATING BITLINE VOLTAGE OFFSETS IN MEMORY DEVICES, the specification of which,

	2. 🗌	U.S. Application Seria	1 No		_	
	3. 🗌	was filed on International PCT App	lication Serial No.		_ as	
I hereby state that I have amended by any amendme		d and understand the co	ontents of the above-ident		 cation, in	cluding the claims, as
37 CFR § 1.56. I hereby claim foreign profor patent or inventor's contain the United States, inventor's certificate, or	iority ben ertificate, listed be	efits under Title 35, Uni or § 365(a) of any PCT low and have identified	aterial to the examination ited States code, § 119(a)- I International application below, by checking the ving a filing date before t	(d) or § 3656 which desig	(b) of an mated at oreign ap	y foreign application(s) least one country other plication for patent or
cläimed: Prior Foreign Appli	ication(s)			Priority	Benefits Claimed?
(Appl. No.)		(Country)	(Filing Date)	——————————————————————————————————————		
(Appl. No.)	_	(Country)	(Filing Date)		Yes	□No
(Appl. No.)	_	(Country)	(Filing Date)		Yes	□No
I hereby claim the benefi	t under 35	5 U.S.C. §119(e) of any	United States provisional a	application(s)	listed be	elow:
(Application Serial No.)		(Filing Date)				
(Application Serial No.)		(Filing Date)	and direction			
** * * * * * * *	. 1 500					

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status - patented, pending, abandoned)			
(Application Serial No.)	(Filing Date)	(Status - patented, pending, ab	andoned)		
S. Penilla (Reg. No. 39,48' 32,043); Dawn L. Palmer (7); Brian R. Coleman Reg. No. 41,238); and	ver, including Paul L. Hickman ((Reg. No. 39,145); Peter Raymis H. Kim (Reg. No. in the Patent and Trademark Office of	B. Martine (Reg. No. 39,462) as my principal		
Send Correspondence To:	Albert S. Peni HICKMAN & P.O. BOX 520 Palo Alto, Cal	MARTINE, LLP 037			
Direct Telephone Calls To:	Albert S. Penilla	at telephone number (650)	493-1600		
belief are believed to be true; and fu like so made are punishable by fine such willful false statements may je	rther that these statements wer or imprisonment, or both, un-	viedge are true and that all statement we made with the knowledge that will der section 1001 of Title 18 of the I eplication or any patent issuing there	Iful false statements and the United States Code, and that		
Typewritten Full Name of Sole or First Inventor: <u>James C</u>	Mali	Citizenship:	USA		
Inventor's signature:	m	Date of Signature	: <u>/-28-98</u>		
Residence: (City) Sunnyva	le	(State/Country)	CA		
Post Office Address: 346 Carr	oll Street, Sunnyvale, CA 94	086			
, 					
Full Name of Second Joint Inventor (if any): Scott T. 1	Racker	Citizen 1:	***		
	Med	Citizenship:	USA		
Inventor's signature:	1cu	Date of Signature	:1-68-98		

1661 Queens Crossing Drive, San Jose, CA 95132

(State/Country) _____CA

Residence:

Post Office Address:

(City) San Jose